

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTING (Ethics Commission filers) 2004 JUL 15 P2 4:15 PM Total pages filed: 19

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	NICKNAME	LAST	SUFFIX	Amount
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed
9 REPORT TYPE	AREA CODE			Date Imaged
10 PERIOD COVERED	PHONE NUMBER			
11 ELECTION	EXTENSION			
12 OFFICE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final report (Attach C/OH - FR)			
13 OFFICE SOUGHT (if known)	Month Day Year 01/01/04 THROUGH 06/30/04			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	ELECTION DATE Month Day Year / /			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
OFFICE HELD (if any)		OFFICE HELD (if any)		
CITY COUNCIL DISTRICT 9		MAYOR		
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
Name				
Address / PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages				

GO TO PAGE 2

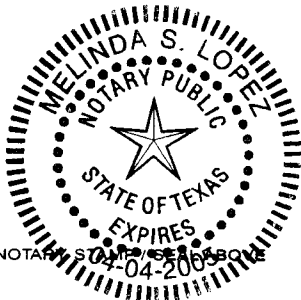
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CARROLL W. SCHUBERT		16 ACCOUNT # (Ethics Commission files)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,712.28
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4.	TOTAL POLITICAL EXPENDITURES	\$ 20,194.49
	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 70,586.27
	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carroll W. Schubert
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carroll W. Schubert, this the July 15th day of July, 20 04, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
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The instruction guide explains how to complete this form.

Total pages Schedule A1:

2004 JUL 15 P 4: 15 Page 1 of 9

FILER NAME Carroll W. Schubert		ACCOUNT # (Ethics commission filers)	
Date 2/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Joeris Contributor address; City; State; Zip Code 1710 Hadbury Lane San Antonio, TX 78248	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Vaughn Contributor address; City; State; Zip Code 13803 Bluffmont San Antonio, TX 78216	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Yantis Contributor address; City; State; Zip Code 5425 N Loop 1604 E San Antonio, TX 78217	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Rowe Contributor address; City; State; Zip Code 8 Caleb Circle San Antonio, TX 78258	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/22/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HPRI-San Pedro Drive In Contributor address; City; State; Zip Code 2800 Industrial Terrace Austin, TX 78758	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
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SCHEDULE A1

The instruction guide explains how to complete this form.

Total pages Schedule A1:

2004 JUL 15 P 4:15 Page 2 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

2/16/2004

Full name of contributor

Don Durden

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

411 FM 473 Comfort, TX 78013

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/16/2004

Full name of contributor

Tim Tuggey

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

804 Evans Road San Antonio, TX 78209

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/16/2004

Full name of contributor

Alan Lindskog

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

234 Savannah Jon Boerne, TX 78015

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/16/2004

Full name of contributor

A. J. Clark

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

19119 Autumn Garden San Antonio, TX 78258

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/16/2004

Full name of contributor

David Clark

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

9 Inwood Terrace San Antonio, TX 78248

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2004 JUL 15 P 1:59

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**RECEIVED
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Total pages Schedule A1:

Page 3 of 9
2004 JUL 15 P 4:15

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 4/6/2004	Full name of contributor Shelton Padgett Contributor address; City; State; Zip Code 300 Convent Suite 1500 San Antonio, TX 78205	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)

Employer (Optional)

Date 6/13/2004	Full name of contributor Jose Fernandez, M.D. Contributor address; City; State; Zip Code 215 Highview San Antonio, TX 78228	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)

Employer (Optional)

Date 5/10/2004	Full name of contributor Sam Barshop Contributor address; City; State; Zip Code 900 Isom Road Suite 300 San Antonio, TX 78216	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)

Employer (Optional)

Date 6/17/2004	Full name of contributor Keith Rosbury Contributor address; City; State; Zip Code 1700 Gentle Way Prosper, TX 75078	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
-------------------	--	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date 5/9/2004	Full name of contributor Ed Kelley Contributor address; City; State; Zip Code 44 Champions Lane San Antonio, TX 78258	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
------------------	--	--	---	--

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED SCHEDULE A1
CITY OF SAN ANTONIO
CITY CLERK

The instruction guide explains how to complete this form.

Total pages Schedule A1:

2004 JUL 15 P 4:15 PM Page 4 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

5/6/2004

Full name of contributor

Sam Mitts

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3102 Urban Crest San Antonio, TX 78209

Amount of
contribution (\$)

\$250.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/5/2004

Full name of contributor

Gary Blackie

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

600 Travis Suite 6275 Houston, TX 77002

Amount of
contribution (\$)

\$5,000.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/6/2004

Full name of contributor

Susan Poorman

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2319 Albans Houston, TX 77005

Amount of
contribution (\$)

\$500.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/8/2004

Full name of contributor

USAA Group PAC

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

USAA Building OP-1-E San Antonio, TX 78268

Amount of
contribution (\$)

\$500.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/29/2004

Full name of contributor

HPRI-Autobahn Partners

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2800 Industrial Terrace Austin, TX 78758

Amount of
contribution (\$)

\$1,000.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

The instruction guide explains how to complete this form.

2004 JUL 15 P 4:15

Total pages Schedule A1:

Page 5 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#:

Gina Groomer

Contributor address; City; State; Zip Code

8131 Sunshine Trail San Antonio, TX 78244

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#:

Dan Parman

Contributor address; City; State; Zip Code

18585 Sigma Road #106 San Antonio, TX 78258

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#:

Neal Gray

Contributor address; City; State; Zip Code

17 Inwood Autumn San Antonio, TX 78248

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#:

Donnie Vestal, DVM

Contributor address; City; State; Zip Code

6326 Mallard Point San Antonio, TX 78239

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#:

Mark & Cynthia Granados

Contributor address; City; State; Zip Code

7211 San Pedro San Antonio, TX 78216

Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
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CITY CLERK
SCHEDULE A1

The instruction guide explains how to complete this form.

Total pages Schedule A1:

2004 JUL 15 P 4:15 Page 6 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 6/22/2004	Full name of contributor Richard Haass Contributor address; City; State; Zip Code 19027 La Verita San Antonio, TX 78258	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)

Employer (Optional)

Date 6/22/2004	Full name of contributor R. R. Lemke Contributor address; City; State; Zip Code 11 Inwood Ridge San Antonio, TX 78248	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
-------------------	--	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date 6/22/2004	Full name of contributor Dan Dement Contributor address; City; State; Zip Code 18730 Stone Oak Parkway San Antonio, TX 78258	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
-------------------	---	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date 6/22/2004	Full name of contributor Betsy Dippo Contributor address; City; State; Zip Code 19190 Stone Oak Parkway San Antonio, TX 78258	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
-------------------	--	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date 6/22/2004	Full name of contributor Diana Ridgway Contributor address; City; State; Zip Code 2211 Shady Rock Circle San Antonio, TX 78231	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
-------------------	---	--	--	--

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A1
CITY OF SAN ANTONIO
CITY CLERK

The instruction guide explains how to complete this form.

Total pages Schedule A1:

2004 JUL 15 P 4: 15 Page 7 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Fernandez, DVM

Contributor address; City; State; Zip Code

18854 Stone Oak Parkway San Antonio, TX 78258

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nelson Finch

Contributor address; City; State; Zip Code

6606 Augsberg San Antonio, TX 78258

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dan Gostylo

Contributor address; City; State; Zip Code

2150 Encino Loop San Antonio, TX 78259

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Dickson

Contributor address; City; State; Zip Code

19103 Harvest Glen San Antonio, TX 78258

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/15/2004

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ed Knight

Contributor address; City; State; Zip Code

32 W. Irving Street Chevy Chase, MD 20815

Amount of
contribution (\$)

\$2,500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED SCHEDULE A1
CITY OF SAN ANTONIO
CITY CLERK

The instruction guide explains how to complete this form.

Total pages Schedule A1:

2004 JUL 15 P 4:16 Page 8 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

6/29/2004

Full name of contributor

Jaimie Hayne

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

110 E. Crockett St. San Antonio, TX 78205

Amount of
contribution (\$)

\$1,500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

Beau Cobb, IV

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2210 Blackoak Bend San Antonio, TX 78248

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

Kelly Leach

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P.O. Box 790890 San Antonio, TX 78279

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/2004

Full name of contributor

HGRP-Pavilion

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2800 Industrial Terrace Austin, TX 78758

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/16/2004

Full name of contributor

Raba-Kistner PAC

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P.O. Box 690287 San Antonio, TX 78269

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE A1

The instruction guide explains how to complete this form.

2004 JUL 15 P 4:16

Total pages: Schedule A1: 16

Page 9 of 9

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

6/22/2004

Full name of contributor

Dan Dement

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

18730 Stone Oak Parkway San Antonio, TX 78258

Amount of
contribution (\$)

\$429.01

In-kind contribution
description (if applicable)Food/Beverage for
Reception

Principal occupation (Optional)

Employer (Optional)

Date

2/16/2004

Full name of contributor

Carl Raba

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P.O. Box 690287 San Antonio, TX 78279

Amount of
contribution (\$)

\$108.79

In-kind contribution
description (if applicable)Food/Beverage for
Luncheon

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages, Schedule F

RECEIVED
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Page 1 of 7

FILER NAME

Carroll W. Schubert2004 JUL 15 P 4:16
ACCOUNT # (Ethics Commission filers)

Date 1/6/2004	Payee name Election Support Services Payee address; City; State; Zip Code 5309 McCullough San Antonio, TX 78212	Amount (\$) \$4,380.08
Purpose of payment (See instructions regarding type of information required.) Cards		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/6/2004	Payee name Office Depot Payee address; City; State; Zip Code 13404 San Pedro San Antonio, TX 78216	Amount (\$) \$76.89
Purpose of payment (See instructions regarding type of information required.) Office Supplies		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/8/2004	Payee name Money Mailer of the Alamo City Payee address; City; State; Zip Code 220 Brightwood San Antonio, TX 78209	Amount (\$) \$564.50
Purpose of payment (See instructions regarding type of information required.) Printing		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/19/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,160.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

RECEIVED
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Total pages Schedule F:

2004 JUL 15 P 4:16 Page 2 of 7

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 1/18/2004	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265	Amount (\$) \$36.21
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/29/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,100.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/12/2004	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265	Amount (\$) \$198.98
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/16/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,130.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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Page 3 of 7

FILER NAME

Carroll W. Schubert

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ACCOUNT # (Ethics commission filers)

Date 2/27/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,130.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/27/2004	Payee name Costco Payee address; City; State; Zip Code 693 Sonterra Blvd. San Antonio, TX 78258	Amount (\$) \$149.94
Purpose of payment (See instructions regarding type of information required.) Donation for NE Gala		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/28/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$95.42
Purpose of payment (See instructions regarding type of information required.) Reimbursement		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/2/2004	Payee name U.S.P.S. Payee address; City; State; Zip Code 13424 John Saunders San Antonio, TX 78246	Amount (\$) \$74.00
Purpose of payment (See instructions regarding type of information required.) Postage		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Page 4 of 7

FILER NAME

Carroll W. Schubert

2004 JUL 15 P 11:16
ACCOUNT # (Ethics commission filers)

Date 3/18/2004	Payee name Allison Greer	Amount (\$) \$1,130.00
Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/22/2004	Payee name Cingular Wireless	Amount (\$) \$73.49
Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265		
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/30/2004	Payee name Allison Greer	Amount (\$) \$1,130.00
Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/6/2004	Payee name Nicole Fowles	Amount (\$) \$75.75
Payee address; City; State; Zip Code 9615 Maytum Circle Helotes, TX 78023		
Purpose of payment (See instructions regarding type of information required.) Reimbursement/Flowers		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Page 5 of 7

FILER NAME

Carroll W. Schubert

2004 JUL 15 P 4: 16
ACCOUNT # (Ethics commission filers)

Date 4/7/2004	Payee name City Year San Antonio	Amount (\$) \$125.00
Payee address; City; State; Zip Code 109 N. San Saba #1 San Antonio, TX 78207		

Purpose of payment (See instructions regarding type of information required.) Banquet Ticket	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee name Allison Greer	Amount (\$) \$1,130.00
Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		

Purpose of payment (See instructions regarding type of information required.) Contract Labor	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee name Cingular Wireless	Amount (\$) \$36.75
Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265		

Purpose of payment (See instructions regarding type of information required.) Monthly Service	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 4/29/2004	Payee name Allison Greer	Amount (\$) \$1,130.00
Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		

Purpose of payment (See instructions regarding type of information required.) Contract Labor	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Page 6 of 7

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 5/18/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,130.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/28/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,130.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/9/2004	Payee name Office Depot Payee address; City; State; Zip Code 1205 N Loop 1604 W San Antonio, TX 78258	Amount (\$) \$241.44
Purpose of payment (See instructions regarding type of information required.) Invitations		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/16/2004	Payee name Carroll Schubert Payee address; City; State; Zip Code P.O. Box 460455 San Antonio, TX 78246	Amount (\$) \$617.45
Purpose of payment (See instructions regarding type of information required.) Reimbursement/Chicago Trip		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Page 7 of 7

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ACCOUNT # (Ethics commission filers)

Date 6/16/2004	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 78265	Amount (\$) \$36.86
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/18/2004	Payee name Office Depot Payee address; City; State; Zip Code 1205 N Loop 1604 W San Antonio, TX 78258	Amount (\$) \$127.53
Purpose of payment (See instructions regarding type of information required.) Printer Cartridges		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/16/2004	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,366.78
Purpose of payment (See instructions regarding type of information required.) Contract Labor/Reimbursement		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name ..	Amount (\$)
	Payee address; City; State; Zip Code ..	
Purpose of payment (See instructions regarding type of information required.)		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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1 Total pages Schedule G:

2004 JUL 15 P 4/16

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/8/04

5 Payee name

UNITED AIRLINE

6 Payee address; City; State; Zip Code

P.O. Box 66292

CHICAGO, IL 60666

7 Purpose of expenditure (See instructions regarding type of information required.)

CHICAGO TRIP/PGA

8 Amount (\$)

577.45

☒ Reimbursement from political contributions intended

Date

6/8/04

Payee name

TAXICAB FARE WASHINGTON D.C.

Payee address; City; State; Zip Code

CHICAGO, IL

Amount (\$)

40.00

Purpose of expenditure (See instructions regarding type of information required.)

CHICAGO TRIP/PGA

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

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